Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Thayer-Martin medium and modifed New York City medium for the cultural diagnosis of gonorrhoea

Sir,

Thayer and Martin's selective medium[1] (TM) with the addition of 0·5 mg/l of trimethoprim lactate has been the only medium used for the isolation of *Neisseria gonorrhoeae* at Auckland Hospital, New Zealand. A study comparing TM and modified New York City (MNYC) medium was begun here after the report by Young[2] that MNYC raised the isolation rate of *N gonorrhoeae* in women by approximately 30%.

Our TM medium was prepared with Gibco GC agar base with 1% haemoglobin, 1% IsoVitalex, and VCNT inhibitors. The MNYC medium used was Young's medium B, except that IsoVitalex was substituted for the yeast dialysate, as this was shown to give comparable results by Faur *et al* in their original paper.[3]

Including follow-up samples, 1550 sets of parallel cultures were taken over a period of five months (table). Urethral and cervical cultures that gave positive results on TM also gave positive results on MNYC. However, this was not the case with anal cultures. Eighty-four women with positive urethral or cervical culture results also had anal cultures taken; 32 gave positive results on TM but only 21 on MNYC (owing to overgrowth by commensal bacteria). In three patients the anal canal was the only site giving growth; these three samples gave positive results on the TM only. Five rectal cultures from male homosexuals also grew gonococci on TM; four also grew gonococci on MNYC but one was completely overgrown.

TABLE *Results of 1550 cultures for Neisseria gonorrhoeae on TM and MNYC medium*

	No of patients	*No giving positive results for gonococci on:* TM	MNYC	*MNYC only*	*% Increased yield*
Women	615	94	97	3	3·1
Men	935	161	168	7	4·3
Total	1550	255	265	10	3·9

Since this study was started Svarva and Maeland[4] have reported that a reduction of the glucose content to 0·02% will limit the contamination; we are presently studying this effect.

Although our study has not shown the marked improvement in isolation rate reported by Young, we suggest this may be because our TM contains IsoVitalex and trimethoprim. We consider that our increased yield of 3·9% warrants using MNYC routinely for urethral and cervical cultures but that TM should still be used for rectal and throat cultures.

Yours faithfully,

A B Hookham

STD Laboratory,
Department of Microbiology,
Auckland Hospital,
Auckland, New Zealand.

References

1. Thayer JD, Martin JE. *Public Health Rep* 1966;**81**:559-62.
2. Young H. Cultural diagnosis of gonorrhoea with modified New York City (MNYC) medium. *Br J Vener Dis* 1978;**54**:36-40.
3. Faur YC, Weisburd MH, Wilson ME, May PS. A new medium for the isolation of pathogenic *Neisseria* (NYC medium). 1 Formulation and comparisons with standard media. *Health Lab Sci* 1973;**10**:44-54.
4. Svarva PL, Maeland JL. Comparison of two selective media in the cultural diagnosis of gonorrhoea. *Acta Pathol Microbiol Scand (Sect B)* 1979;**87**:391-2.

TO THE EDITOR, *British Journal of Venereal Diseases*

Subclinical pneumonia in infants due to *Chlamydia trachomatis*

Sir,

I read with great interest the recent report of Dunlop *et al*[1] of two cases of "subclinical" pneumonia in infants due to *Chlamydia trachomatis*. Up to now cases have been reported from Scandinavia[2] and Israel,[3] confirming that the disease is not peculiar to the North American continent and is probably as widespread as chlamydial genital infection. Several prospective studies from the United States[4-7] have found that the nasopharynx is the most common site of isolation of *C trachomatis* from an infant, although only about 10% will subsequently develop pneumonia. It is also evident that the nasopharynx and conjunctivae are inoculated independently during parturition, as infants can develop pneumonia without having preceding conjunctivitis. We found that although the use of erythromycin as neonatal ocular prophylaxis prevented chlamydial ophthalmia it did not prevent nasopharyngeal infection or pneumonia.[7]

I do think that labelling the presentation of these infants' illnesses as subclinical is misleading. When infants born to chlamydia-positive mothers have been followed prospectively, the majority who develop pneumonia do have a relatively mild illness. In one prophylaxis study,[7] none of the infants with chlamydial pneumonia required admission to hospital and were managed as outpatients. However, all were tachypnoeic and had definite radiographic evidence of pneumonia and peripheral eosinophilia ($\geqslant 400 \times 10^9$/l; $\geqslant 400$/mm^3).

We have also found that therapy with oral erythromycin alone is adequate for the treatment of chlamydial conjunctivitis and that additional topical therapy is not necessary (Hammerschlag, unpublished data). Similar findings have also been reported by Beem[8] and Patamassucon.[9]

Yours faithfully,

Margaret R Hammerschlag

Department of Pediatrics,
Downstate Medical Center,
450 Clarkson Avenue,
Brooklyn,
New York 11203.